

**Jim Doyle**  
Governor

**Roberta Gassman**  
Secretary

**Frances Huntley-Cooper**  
Division Administrator



**State of Wisconsin**  
**Department of Workforce Development**

**WORKER'S COMPENSATION**

201 East Washington Avenue  
P.O. Box 7901  
Madison, WI 53707-7901  
Telephone: (608) 266-1340  
Imaging Server Fax: (608) 260-2503  
Fax: (608) 267-0394  
<http://www.dwd.state.wi.us/wc/>  
e-mail: [dwddwc@dwd.state.wi.us](mailto:dwddwc@dwd.state.wi.us)

September 11, 2003

TEST INSURER 1  
C/O TEST INSURER 1  
ONE MAIN ST  
MADISON WI 53703

WC CLAIM NO: 9999-999999  
INJURY DATE: 05/01/98  
EMPLOYEE: SIMPLE, SAMPLE  
EMPLOYER: SAMPLE EMPLOYER INC  
INSURER NO: 094CBD6S8646

IF YOU CALL OR WRITE US  
PLEASE USE WC CLAIM NO.

According to our records, you are withholding fees to which the applicant's attorney may be entitled. Please do all of the following:

- Send us the attorney's name, address and telephone number within 30 days.
- Advise the attorney to submit the following to the Worker's Compensation Division:
  - (1) A request to approve the fee.
  - (2) A written justification for the fee.
  - (3) A copy of the retainer agreement.
- Continue to withhold the funds until the Department orders them to be released.

We thank you for your cooperation in this matter.

Sincerely,

Department of Workforce Development  
Worker's Compensation Division

GL102 (N. 12/8/99)